

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565850559
Report Date: 12/05/2025
Date Signed: 12/05/2025 01:35:15 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 09/11/2025 and conducted by Evaluator Erica Mosley

	COMPLAINT CONTROL NUMBER: 29-AS-20250911083156
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FACILITY NAME:	LEGACY COLLECTION AT SIDLEE, THE	FACILITY NUMBER:	565850559
ADMINISTRATOR:	BUCK-PLASSMEYER,JOAN	FACILITY TYPE:	740
ADDRESS:	24 W SIDLEE STREET	TELEPHONE:	(805) 258-2931
CITY:	THOUSAND OAKS	ZIP CODE:	91360
CAPACITY:	6	DATE:	12/05/2025
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:15 PM
	CENSUS: 6	TIME	01:35 PM
MET WITH:	Carthel Mercado - Administrator	COMPLETED:	

ALLEGATION(S):

1	Alterations made to the facility without permits
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Erica Mosley conducted an unannounced subsequent complaint visit to
2	investigate the above-listed allegation. The purpose of this visit is to deliver findings for the above listed
3	allegation. Upon arrival at 12:15 p.m., LPA Mosley was greeted by staff and Administrator / Designee
4	Carthel Mercado and the reason for the visit was explained.
5	
6	On 09/11/2025 the Department received a complaint regarding the following allegation: Alterations made
7	to the facility without permits. To investigate this complaint on 09/16/2025 LPA Mosley conducted the
8	unannounced initial 10-day complaint visit. LPA and staff briefly toured the physical plant areas inside
9	and outside to ensure there are no immediate health and safety hazards, and facility is in compliance
10	with Title 22 Regulations. Starting at 10:30 a.m. LPA conducted an in person interview with the Licensee
11	Representative and obtained copies of pertinent documentation relevant to the investigation.
12	Report continued on LIC 9099-C...
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kasandra Lopez	
LICENSING EVALUATOR NAME: Erica Mosley	
LICENSING EVALUATOR SIGNATURE:	DATE: 12/05/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/05/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 4
Control Number 29-AS-20250911083156

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: LEGACY COLLECTION AT SIDLEE, THE	FACILITY NUMBER: 565850559
	VISIT DATE: 12/05/2025

NARRATIVE	
1	(PAGE 2) Report continued from LIC 9099...
2	
3	On 09/15/2025 at 3:29 p.m.; 3:41 p.m., 09/16/2025 at 4:08 p.m., 10/14/2025 at 1:26 p.m., and 11/3/2025
4	at 3:50 p.m., LPA corresponded telephonically with the creditable Witness #1 (CW). On 9/16/2025
5	corresponded via email with CW.
6	
7	During today's visit at 12:28 p.m. LPA and Administrator briefly toured the physical plant areas inside
8	and outside to ensure there are no immediate health and safety hazards, and facility is in compliance
9	with Title 22 Regulations.
10	
11	On the allegation Alterations made to the facility without permits, it is the concern of the Reporting Party
12	(RP) that the facility has undergone major interior changes, including reconfigured bedrooms, added
13	bathrooms, and electrical upgrades without proper permits. To investigate this complaint, LPA conducted
14	an in person interview, telephonic interviews, corresponded via email, and obtained copies of pertinent
15	documentation relevant to the investigation. Interview with Licensee Representative revealed that they
16	are unfamiliar with any specific alterations made to the home. Construction was completed shortly after
17	the home was purchased in March of 2024. They have no knowledge in regard to permits.
18	
19	Interviews with the CW revealed that the property is officially recorded as a 4-bedroom, 2.5-bathroom
20	residence. However, the following un-permitted structural and interior modifications have been made
21	including a wall at the entrance was removed, and the original master bedroom was divided to create
22	Bedrooms 2 and 3, with a new bathroom added to Bedroom 3. Bedroom 1, formerly a den or study, had
23	its window converted into a door and a new bathroom installed, with walls erected to section off the
24	space. Bedroom 4 had its window changed into a door, and the interior door was relocated. Bedroom 5
25	now includes a door leading to the exterior. The half bathroom was reconfigured, and the bathroom
26	across from Bedroom 4 was modified to include a walk-in shower, with the opposite side of the glass
27	wall remaining a half bathroom. Bedroom 6 now has an attached bathroom. A new half bathroom was
28	added off the kitchen. A door was added from the family room into the garage. Additionally, the property
29	underwent a complete electrical system upgrade. It was noted that that there are no immediate health
30	and safety risk or concerns. The facility has since been compliant with the requests and are in the
31	process of submitting all the required permits for the home's alterations. As of now there is not a specific
32	deadline for the permits to be made as they are actively working on the request that have been made.
	Report continued on LIC 9099-C PAGE 3...

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LICENSING EVALUATOR NAME: Erica Mosley	
LICENSING EVALUATOR SIGNATURE:	DATE: 12/05/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/05/2025

FACILITY NAME: LEGACY COLLECTION AT SIDLEE, THE

FACILITY NUMBER: 565850559
VISIT DATE: 12/05/2025

NARRATIVE	
1	(PAGE 3) Report continued from LIC 9099-C PAGE 2...
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3	Based on information gathered during the course of the investigation, interviews and a credible source
4	there is sufficient evidence to support the allegation occurred. Therefore, the allegation of Alterations
5	made to the facility without permits is deemed SUBSTANTIATED at this time.
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7	Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following
8	deficiency was cited (refer to LIC 9099-D.) Administrator was informed that failure to correct the
9	deficiency may result in civil penalties.
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11	Exit interview conducted, appeal rights discussed, and a copy of this report and appeal rights were
12	provided.
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/12/2025 Section Cited	1 (a) Prior to construction or alterations, 2 all facilities shall obtain a building 3 permit. This requirement is not met as 4 evidenced by: Based on information	1 The Licensee and Administrator are in 2 the process of actively submitting the 3 requested documentation to the City of 4 TO for permits. The Licensee agrees to

CCR 87305(a)	5 6 7	gathered during the course of the investigation, interviews and a credible source there is sufficient evidence to support the allegation occurred.	5 6 7	update CCLD throughout the process and submit the permits once the process is complete.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Kasandra Lopez LICENSING EVALUATOR NAME: Erica Mosley LICENSING EVALUATOR SIGNATURE:		DATE: 12/05/2025
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